



**CHARLOTTESVILLE REDEVELOPMENT
AND HOUSING AUTHORITY**

P.O. BOX 1405, 605 EAST MAIN STREET, ROOM A050
CHARLOTTESVILLE, VIRGINIA 22902
PHONE: (434) 326-4748 FAX: (434) 971-4797
TTY: 711 VA Relay

APPLICATION FOR PUBLIC HOUSING

Please complete all sections. Incomplete applications will result in the application being returned to you.

If you need assistance filling out the application, please let us know.

Please leave a phone number so that we can contact you if we have questions.

TO BE COMPLETED BY HEAD OF HOUSEHOLD LISTING YOUR CURRENT ADDRESS

MAILING ADDRESS	PO BOX/ STREET	PHYSICAL ADDRESS	STREET ADDRESS
	CITY/ TOWN		CITY/ TOWN
	STATE/ ZIP CODE		STATE/ ZIP CODE
E-MAIL ADDRESS	@		
TELEPHONE NUMBERS	HOME	WORK	PAGER/ CELL PHONE

DECLARATION OF PREFERENCES:

IMPORTANT: Please check if applicable. Verification of Preferences will be required.

- ☐ **I qualify as "Homeless" according to the definition as follows:** *Homeless families consisting of more than one person, including at least one child or dependent. To qualify for this preference, a family must have a Coordinated Assessment with the Continuum of Care.*
- ☐ **Local Preference:** *I/We qualify for the local preference for housing as I/We live in the City of Charlottesville and/or at least one adult in the household works for or has been hired by an employer located in the City of Charlottesville.*
- ☐ **Elderly Preference:** *Elderly (62+) Head of Household (HOH), co-head or Spouse.*
- ☐ **Disabled Preference:** *Disabled Head of Household (HOH), co-head or Spouse.*

HOUSEHOLD COMPOSITION

List all persons who will be living in the household when you receive rental assistance.

Use additional sheets if necessary.

NAME	RELATION	SOCIAL SECURITY #	SEX	AGE	DATE OF BIRTH	PLACE OF BIRTH
1	Head					
2						
3						

4						
5						
6						
7						
8						

If applicable, do you have custody of your children? YES ☐ NO ☐

YES ☐ NO ☐ Do you expect any additions to the household within the next twelve (12) months?

☐ NAME AND RELATIONSHIP: _____

EXPLANATION:

HOUSEHOLD INCOME

Include ALL income or financial benefits anticipated for the next twelve months, received by ALL household members, regardless of age. Any "Yes" for questions 1- 16 requires a detailed explanation in the table below.

YES	NO	DO <u>YOU</u> OR <u>ANYONE</u> IN YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE INCOME FROM:
<input type="checkbox"/>	<input type="checkbox"/>	1. Employment wages or salaries? <i>Including overtime, tips, bonuses, commissions and payments received in cash</i>
<input type="checkbox"/>	<input type="checkbox"/>	2. Self-employment?
<input type="checkbox"/>	<input type="checkbox"/>	3. Regular pay as a family member of the Armed Forces?
<input type="checkbox"/>	<input type="checkbox"/>	4. Unemployment benefits or worker's compensation?
<input type="checkbox"/>	<input type="checkbox"/>	5. General Assistance, Temporary Assistance to Needy Families with Children (TANF)?
<input type="checkbox"/>	<input type="checkbox"/>	6. Child Support or Alimony? Any AWARDED amounts, collected or uncollected. We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, or received directly from the payer.
<input type="checkbox"/>	<input type="checkbox"/>	7. Social Security, SSI or any other payments from the Social Security Administration?
<input type="checkbox"/>	<input type="checkbox"/>	8. Veteran's benefits, pensions, retirement benefits or annuities?
<input type="checkbox"/>	<input type="checkbox"/>	9. Severance payments?
<input type="checkbox"/>	<input type="checkbox"/>	10. Settlements, such as insurance settlements?
<input type="checkbox"/>	<input type="checkbox"/>	11. Disability, death benefits or life insurance dividends?
<input type="checkbox"/>	<input type="checkbox"/>	12. Regular gifts or payments from anyone outside the household?
<input type="checkbox"/>	<input type="checkbox"/>	13. Educational grants, scholarships, or other student benefits?
<input type="checkbox"/>	<input type="checkbox"/>	14. Lottery winnings or inheritance?
<input type="checkbox"/>	<input type="checkbox"/>	15. Payments from rental property, land contracts or other forms of real estate?
<input type="checkbox"/>	<input type="checkbox"/>	16. Any other income sources or types not listed, such as: food stamps, fuel assistance?
<input type="checkbox"/>	<input type="checkbox"/>	17. Do you or any household member expect any changes to your income in the next twelve (12) months?

QUESTION NUMBER	FAMILY MEMBER	INCOME SOURCE AND ADDRESS	AMOUNT
Example: 1	John	XYZ Corp., 125 Main Street, Charlottesville, VA 22902	\$15,000 per year
1			
2			
3			

4			
5			
6			
7			
8			

ASSET INFORMATION

Include all assets held and the corresponding annual interest rate, dividends, and/ or other income derived from the asset. An asset is defined as a lump sum amount that you hold or currently have access to.

YES	NO	DO <u>YOU</u> OR DOES <u>ANYONE</u> IN YOUR HOUSEHOLD HAVE:
<input type="checkbox"/>	<input type="checkbox"/>	1. Checking or savings accounts?
<input type="checkbox"/>	<input type="checkbox"/>	2. CDs, money market accounts or treasury bills?
<input type="checkbox"/>	<input type="checkbox"/>	3. Stocks, bonds or other securities?
<input type="checkbox"/>	<input type="checkbox"/>	4. Trust funds?
<input type="checkbox"/>	<input type="checkbox"/>	5. Pensions, IRAs, KEOGH or other retirement accounts?
<input type="checkbox"/>	<input type="checkbox"/>	6. Cash on hand over \$500?
<input type="checkbox"/>	<input type="checkbox"/>	7. Real estate, rental property, land contracts/contract for deed or other real estate holdings? <i>This includes your personal residence, mobile homes, vacant land, farms, vacation home or commercial property.</i>
<input type="checkbox"/>	<input type="checkbox"/>	8. Personal property as an investment? <i>Including paintings, coin or stamp collections, artwork, collector or show cars and antiques.</i>
<input type="checkbox"/>	<input type="checkbox"/>	9. A safe deposit box?

QUESTION NUMBER	FAMILY MEMBER	ASSET	ACCOUNT NUMBER	TYPE	AMOUNT
Example: 1	John	Charter One Bank	123456	Savings	273.78

DISPOSITION OF ASSETS

YES ☐ NO ☐ Have you or a family member disposed or given away an asset(s) for LESS than fair market value within the past two years?
If Yes:

FAMILY MEMBER: _____

AMOUNT: _____

EXPLANATION: _____

CHILD CARE EXPENSES

List both your weekly out of pocket costs and the amount provided from other sources. Other sources can include welfare, or a parent not part of the household.

CHILD CARE PROVIDER	NAME AND ADDRESS	AMOUNT YOU PAY:

AMOUNT PAID BY OTHER SOURCE: _____

STUDENT INFORMATION

- YES** **NO** Is any adult (18 years of age or older) in the household currently a full-time student, or planning to be one within the next 12 months? If Yes, list the name of the student and the school.
You will need to provide verification from the school.

STUDENT NAME	NAME OF SCHOOL

GENERAL INFORMATION**YES** **NO**

- ☐ ☐ a. Have you ever applied to the Charlottesville Redevelopment and Housing Authority before? If Yes, when:
- ☐ ☐ b. Have you ever been a tenant of the Charlottesville Redevelopment and Housing Authority before? If Yes, where and when:

- ☐ ☐ c. Have you ever lived in any other Public Housing? If Yes, where and when:

- ☐ ☐ d. Have you ever participated in a Housing Choice Voucher/Section 8 Program? If Yes, what is the Agency or Property Manager, Dates of Occupancy and Address of the assisted unit:

AGENCY/PROPERTY MANAGER

ADDRESS:

DATES OF OCCUPANCY

- ☐ ☐ e. Are you currently receiving rental assistance from some other subsidized housing provider? If Yes, Name of Agency:

- ☐ ☐ f. Have you or any other family member ever been charged with or convicted of a crime? **This includes any pending charges.** If Yes, give details of the crime, when it took place and where:

FAMILY MEMBER

CRIME

WHEN

DETAILS

WHERE

- ☐ ☐ g. Are you currently engaging in the illegal use of a controlled substance?

- ☐ ☐ h. Are you or any other member of your household subject to a lifetime registration as a sex offender?

- ☐ ☐ i. Have you ever been charged with or convicted of the illegal manufacture or distribution of a controlled substance including methamphetamine?

PREVIOUS LANDLORD INFORMATION

List the contact information for your three most recent landlords.

LANDLORD NAME, ADDRESS AND PHONE NUMBER

1.

2.

3.

DO YOU OWE MONEY TO ANY PREVIOUS LANDLORDS? IF YES, WHO?**OPTIONAL DISABILITY DECLARATION**

There may be certain housing program benefits available to families who have a member who is disabled. If you or any member of your family qualifies and you would like to be considered for these benefits, please indicate below.

YES☐ Disabled? Who:☐ Would you or a family member benefit by living in an apartment designed to accommodate a wheelchair user?☐ Will you or anyone in your household require a live in attendant?

NAME OF LIVE-IN ATTENDANT

RELATIONSHIP (IF ANY):

Name, address and phone number of health care provider to verify need for accommodation or live in attendant:

CRHA will provide reasonable accommodation, upon request, to provide assurances that persons with disabilities may fully access and utilize the housing program and related services. For help with this request, please contact Amy Nofziger, Executive Administrator, at (434) 326-4748.

All applicants who are victims of domestic violence, dating violence, and stalking are offered protection and rights under a federal law called the Violence Against Women Act (VAWA). If you would like additional information about VAWA, please let us know. If you are concerned for your safety or the safety of any other members of your family in regards to this application, please let us know how we can best work with you.

APPLICANT CERTIFICATION

I/We certify that the information given in this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information is punishable under Federal Law. I/We also understand that false statements or information are grounds for denial of my/our application or termination of my/our assistance.

Head of Household

Date

Co-Head of Household

Date

Other Adult

Date

Other Adult

Date

Other Adult

Date

Other Adult

Date



CRHA does not discriminate on the basis of race, color, sex, age, religion, national origin, disability, veteran status, or union affiliations in any of its federally assisted programs and activities.



Charlottesville Redevelopment and Housing Authority (CRHA)
Client Consent for Release of Information

THIS CLIENT CONSENT FOR RELEASE OF INFORMATION DESCRIBES HOW INFORMATION FROM YOUR FILE MAY BE DISCLOSED. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLEASE CONTACT CONSTANCE DUNN AT (434) 326-4748.

To best serve your needs, develop meaningful programs, determine your continuing eligibility for services, and monitor your progress, CRHA may need to exchange, share and/or release data, information or records collected about you (hereinafter "Information").

The Information contained in CRHA's records is confidential and cannot be exchanged, shared and/or released without your express and informed written consent, except where otherwise authorized by law. Access to services is available without your consent on this Release Form. However, your consent is a critical component of our community's ability to provide the most effective services possible.

I, _____, having read the above, hereby give permission to CRHA to exchange, share and/or release the types of Information specified below. I understand that different agencies provide different services and benefits and that each agency must have specific and accurate information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange specific information which will help all my service providers to work together effectively. Specifically, I accept and consent to the release of Information to (i) researchers, governmental agencies and other public and private agencies not affiliated with CRHA (so long as any such researcher, governmental agency or other person or entity not affiliated with CRHA agrees in writing to protect the confidentiality and security of the Information) and (ii) provided that the Information falls within the scope of the following categories of information listed below

- Assessment Information, Care Coordinators
- Financial Information
- Benefits/ Services Needed, Planned, and/or Received
- Medical Records
- Mental Health and Psychological Records
- Educational Records
- Criminal Justice Records and/or Criminal Investigation Records and/or Criminal Incident Reports
- Employment Records/ Vocational Assessments,
- Substance Abuse & Treatment Records/ Services
- Employment Status, Work History
- Disability Status Citizenship Status
- Family Information
- Identifying Information: Name, social security number, birth date, gender, race, residential information, phone number
- Landlord References

Specifically, I authorize and consent to the exchange, sharing and/or release of the above Information for the purposes of developing, coordinating and determining eligibility for services, monitoring services/compliance, service coordination and treatment planning, and for any relevant research or study.

Further, as a condition of this release, I acknowledge, understand and consent to the possible release and/or sharing of the above information with the following listed agencies: Charlottesville/ Albemarle Department of Social Services; Monticello Area Community Action Agency (MACAA); Region Ten; The Charlottesville/ Albemarle Prevention Coalition; Boys and Girls Club; Thomas Jefferson Planning District; Charlottesville/ Albemarle Public Schools; Salvation Army; Public Housing Association for Residents (PHAR); Piedmont Community College (PVCC); Piedmont Housing Alliance (PHA); University of Virginia (UVA); Jefferson Area Board on Aging (JABA); UVA BUCKS; West Haven Coalition; The Homeless Coalition; TJACH, The Haven and Continuum of Care; Child and Family Services; Community Attention and any other Agencies where such information is required for the provision of services and/or benefits.

I consent to information being shared through written communications, meetings by phone or in person, and computerized data via electronic means such as Fax Transmission and/or Email.

I understand that I may revoke my consent to the exchange, sharing and/or release of the above Information by CRHA at any time by stating so in a written notice delivered to CRHA with the date and my signature. If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them information about me, my circumstances, and what they need.

Signature

Date

Person Explaining the Form (Name, Title, & Phone Number)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-55, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-55, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

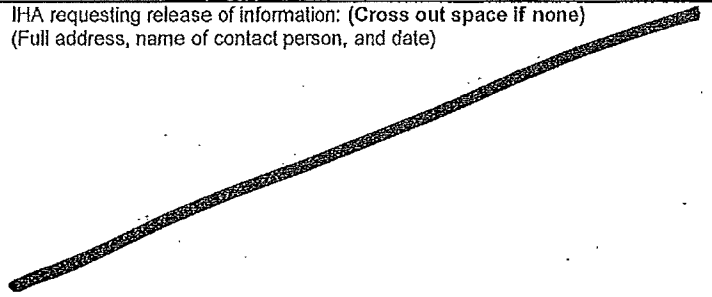
OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Charlottesville Redevelopment and Housing Authority
500 South First Street
Charlottesville, VA 22902

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)



Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☐ () I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ () I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- ☐ () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - ☐ [] Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 - ☐ [] Permanent residence under 249 of INA 4/; or
 - ☐ [] Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 - ☐ [] Parole status under 212(d)(5) of the INA /6; or
 - ☐ [] Threat to life or freedom under 243(h) of the INA /7; or
 - ☐ [] Amnesty under 245A of the INA 8/.

Signature

Date

*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.